PTO/SB/82 (09-04)
Approved for use through 11/30/2005, OMS 0651-0035

Under the Patient of Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a velid QMB control number.		
	Application Number	09/780,901
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	February 9, 2001
	First Named Inventor	Boehm, Charlene A.
	Art Unit	1631
	Examiner Name	Marschel, Ardin H.
MANUE OF CONNESS CHUENCE ADDRESS	Attorney Docket Number	46607-248184

I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR ☐ I hereby appoin	nt the practitioners associated with the Customer Number.		
Please change the correspondence address for the above-identified application to: The address essociated with Customer Number:			
Firm or Individual Name	Boehm, Charlene A.		
Address	320 Gilbert Rd.		
City	Columbus State NC	Zip 28722	
Country	USA		
Telephone	828-863-4317 Fax		
I am the: Applicant/inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature Charlene A. Boeline			
	erlene A. Boehm		
		8-863-4317	
NOTE: Signatures of all the inventors or assigneds of record of the entire interest or their representative(s) are required. Submit multiple forms if more even one signature is required, see below.			
"Total of forms are submitted.			

This collection of information is required by S7 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to \$1e (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 ntimbes to complete, including gathering, preparing, and supmitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the shacunt of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and saled option 2.